



**DAY CARE AIDE PROVIDER  
APPLICATION**  
State of Michigan  
Department of Human Services (DHS)

**INSTRUCTIONS TO PROVIDER:**

- Read all pages of this application.
- If there is no name entered in the "Grantee Name" box in the top right corner of this application, enter the name of the parent/substitute parent whose child(ren) is in your care.
- **Complete page 1. Sign and date page 2. Retain page 3.**
- **You must provide proof of your identity, age, and Social Security Number with this application. Your Social Security Number will be used for proof of identity and background checks.**
- You will be sent a DHS-4807, Notice of Child Care Provider Eligibility.
- You will be sent a DHS-198, Child Development and Care Certificate/ Notice of Authorization, indicating whether or not the child(ren) in your care has been authorized to receive subsidy payments.

Grantee Name					
Grantee ID				Case Number	
County	District	Section	Unit	Specialist	Date
Specialist Name					
Local DHS Office				Telephone Number	
Local Office Address (Street Number and Name)					
City				State	Zip Code

- DHS Publication 230, Provider Handbook and Reporting Instructions for Child Care Providers, is available at: [www.michigan.gov/childcare](http://www.michigan.gov/childcare)

**By completing this application, I am applying to be a DHS-enrolled day care aide provider. I have read and certify that I understand and meet all requirements listed on page 2 and 3 of this application.**

Name (Last, First, Middle)			Former/Maiden Name		
Date of Birth	Sex	Social Security #		Driver's License #	
Residence Address (Number and Street, Apartment Number)		City		State	Zip Code
Mailing Address (If Different From Above)		City		State	Zip Code
Have you ever provided child care services for DHS subsidy eligible children? <input type="checkbox"/> NO <input type="checkbox"/> YES		Provider ID Number		Telephone Number ( )	
Do you receive DHS payment for providing Adult Home Help Services? <input type="checkbox"/> NO <input type="checkbox"/> YES		If yes, for whom?			
<b>DHS will complete background checks for all day care aide applicants.</b>					
Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, in what state?					
Describe the crime(s):					
Have you ever been found responsible for the neglect or abuse of children in a Children's Protective Services Case? <input type="checkbox"/> NO <input type="checkbox"/> YES					
<b>If you live in the home of the child, list all adults (18 or older) living in the home.</b>					
Name	Maiden & Other Names Used	Date of Birth	Sex	Social Security #	Driver License #

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: PA 280 of 1939.  
COMPLETION: Voluntary  
CONSEQUENCE FOR NONCOMPLETION: Applicant will not be enrolled to care for subsidy eligible children.

DISTRIBUTION: Pages 1 and 2, Local office central provider file  
Page 3 - Provider

Go to page 2

**I certify that I meet the following requirements to be a DHS enrolled day care aide provider:**

- I am not the parent or legal guardian of the child needing care, a member of the CDC program group, the CDC applicant/client, or the CDC applicant/client's spouse living in the child's home.
- I may be terminated from or may not be enrolled to care for subsidy eligible children if a criminal or Central Registry background check determines I have been responsible for the neglect or abuse of children in a substantiated Children's Protective Services case, or if I have been convicted of certain disqualifying crimes.
- I am at least 18 years of age and able to read and write.
- I must only care for subsidy eligible children in their home.
- I must not have any untreatable physical or emotional impairment or other problem that would hinder me from giving adequate care and supervision to children.
- I must not have family responsibilities or other obligations that would interfere with providing child care to children.
- I must know how and when to seek help from others, i.e., how to use the telephone, how to respond to emergency situations which might arise during the provision of care to children.
- I must immediately report any suspected child abuse or neglect to Children's Protective Services at the local DHS office.
- I must give the parents/substitute parents of the children in my care unlimited access to their children while they are in my care.
- I must only release a child to the parent/substitute parent or persons authorized by the parent/substitute parent.
- I must not charge the parent/substitute parent more than what I charge the general public.
- I must report to the local DHS office, within 10 days of the occurrence, a change in my mailing and/or residential address, a change where care is being provided and when I stop providing child care for a subsidy eligible child.
- I understand that as part of my billing/reporting requirements I must maintain daily records showing the beginning and ending times of the care I provide for each subsidy eligible child. My employer (the parent/substitute parent) must certify that these records are accurate. I must maintain those records for four years. If asked, I must make those records available to an employee of DHS or the auditor general.
- I understand that if I am also a home help provider to any CDC program group member, the CDC applicant or the CDC applicant's spouse that I may not provide child care for the same period in which home help is provided.
- I understand that if I have employment other than as a child care provider, my hours of employment must not conflict or interfere with the hours that I provide child care.
- I may only bill for child care services when a subsidy eligible child is physically in my care (except for qualifying State of Michigan holidays and absences due to a child's illness) and the child is being cared for in his/her own home.
- I must not care for more than 6 children (including my own children) at the same time.
- I must not care for more than 2 children (including my own children) under the age of 12 months at the same time.
- I understand that payment for all DHS subsidy eligible children in my care is limited to 540 hours in a biweekly pay period.
- I must cooperate with the Department in connection with an investigation.
- I understand that if I am found guilty of an intentional program violation, my enrollment may be terminated.
- I understand that I may be prosecuted for fraud if my intentional misrepresentation causes an overpayment.
- I understand that if a DHS subsidy has been overpaid to my employer (the parent/substitute parent) for any reason, extra payments received must be repaid and future payments to my employer (the parent/substitute parent) may be reduced by 20%.
- I understand I will not be authorized reimbursement/payment for care of subsidy eligible children if my provider enrollment is denied or terminated.
- I understand the parent/substitute parent is my employer and is responsible for the employer's share of any employer's taxes that must be paid, such as Federal Insurance Contributions Act (FICA) and Federal Unemployment Tax (FUTA) taxes. My employer (parent/substitute parent) is also required to provide me with a W-2 at the end of the year for tax purposes.
- I understand that the terms and conditions of this enrollment may be changed by notice to my last known address.
- I understand that this certification applies to any subsidy eligible children I care for, until my enrollment is terminated.
- I understand that if I have misrepresented my circumstances, or if I fail to meet and abide by the requirements as listed, the Department may deny or terminate my enrollment as a day care aide provider.
- I have read, understand, and meet all enrollment requirements to be a DHS enrolled day care aide provider. I have retained a copy of the requirements for my records.

Provider Signature

Date

## REQUIREMENTS TO BE A DHS-ENROLLED DAY CARE AIDE PROVIDER

- I am not the parent or legal guardian of the child needing care, a member of the CDC program group, the CDC applicant/client, or the CDC applicant/client's spouse living in the child's home.
- I may be terminated from or may not be enrolled to care for subsidy eligible children if a criminal or Central Registry background check determines I have been responsible for the neglect or abuse of children in a substantiated Children's Protective Services case, or if I have been convicted of certain disqualifying crimes.
- I understand my enrollment will be denied or terminated and I will not be authorized to care for subsidy eligible children if either of the above is confirmed.
- I am at least 18 years of age and able to read and write.
- I must only care for subsidy eligible children in their home.
- I must not have any untreatable physical or emotional impairment or other problem that would hinder me from giving adequate care and supervision to children.
- I must not have family responsibilities or other obligations that would interfere with providing child care to children.
- I must know how and when to seek help from others, i.e., how to use the telephone, how to respond to emergency situations which might arise during the provision of care to children.
- I must immediately report any suspected child abuse or neglect to Children's Protective Services at the local DHS office.
- I must give the parents/substitute parents of the children in my care unlimited access to their children while they are in my care.
- I must only release a child to the parent/substitute parent or persons authorized by the parent/substitute parent.
- I must not charge the parent/substitute parent more than what I charge the general public.
- I must report to the local DHS office, within 10 days of the occurrence, a change in my mailing and/or residential address, a change where care is being provided and when I stop providing child care for a subsidy eligible child.
- I understand that as part of my billing/reporting requirements I must maintain daily records showing the beginning and ending times of the care I provide for each subsidy eligible child. My employer (the parent/substitute parent) must certify that these records are accurate. I must maintain those records for four years. If asked, I must make those records available to an employee of DHS or the auditor general.
- I understand that if I am also a home help provider to any CDC program group member, the CDC applicant or the CDC applicant's spouse that I may not provide child care for the same period in which home help is provided.
- I understand that if I have employment other than as a child care provider, my hours of employment must not conflict or interfere with the hours that I provide child care.
- I may only bill for child care services when a subsidy eligible child is physically in my care (except for qualifying State of Michigan holidays and absences due to a child's illness) and the child is being cared for in his/her own home.
- I must not care for more than 6 children (including my own children) at the same time.
- I must not care for more than 2 children (including my own children) under the age of 12 months at the same time.
- I understand that payment for all DHS subsidy eligible children in my care is limited to 540 hours in a biweekly pay period.
- I must cooperate with the Department in connection with an investigation.
- I understand that if I am found guilty of an intentional program violation, my enrollment may be terminated.
- I understand that I may be prosecuted for fraud if my intentional misrepresentation causes an overpayment.
- I understand that if a DHS subsidy has been overpaid to my employer (the parent/substitute parent) for any reason, extra payments received must be repaid and future payments to my employer (the parent/substitute parent) may be reduced by 20%.
- I understand I will not be authorized reimbursement/payment for care of subsidy eligible children if my provider enrollment is denied or terminated.
- I understand the parent/substitute parent is my employer and is responsible for the employer's share of any employer's taxes that must be paid, such as Federal Insurance Contributions Act (FICA) and Federal Unemployment Tax (FUTA) taxes. My employer (parent/substitute parent) is also required to provide me with a W-2 at the end of the year for tax purposes.
- I understand that the terms and conditions of this enrollment may be changed by notice to my last known address.
- I understand that this certification applies to any subsidy eligible children I care for, until my enrollment is terminated.
- I understand that if I have misrepresented my circumstances, or if I fail to meet and abide by the requirements as listed, the Department may deny or terminate my enrollment as a day care aide provider.
- I have read, understand, and meet all enrollment requirements to be a DHS enrolled day care aide provider. I have retained a copy of the requirements for my records.

**Provider retain this page for your records.**